

**Michigan Department of Community Health
Office of Public Health Preparedness
Legislative Report**

**Reporting Period: October 1, 2002 to May 31, 2003
Report Addressing: HB 4373 or Public Act 5630 of 2002L Sec 451
Semi-annual Progress Report**

The following is a summary of key activities.

Focus Area A - Preparedness and Planning:

- Completed a comprehensive assessment of preparedness capacities for 44 of 45 local health departments, by region and the State.
- Developed an interactive website to capture assessment data to allow local health departments to update capacities and produce periodic reports.
- Collaborated with local public health departments to review and assess Michigan statutes for public health response to public health emergencies.
- Hosted a conference for local public health department health officers, emergency preparedness coordinators and hospital officials.
- Drafted the State of Michigan Smallpox Post-Event and Pre-Event Response plans
- Implemented the Michigan Smallpox vaccination program and created public health and hospital smallpox response teams statewide.
- Identified one local public health department medical director to serve as a Regional Smallpox Co-Chair to facilitate regional vaccination program in eight regions.
- Providing education and training for the local public health departments and hospitals on smallpox vaccination.
- Hosted a two-day conference to teach "Exercise Training and Incident Management" to the Emergency Preparedness Coordinators for the local public health departments.
- Coordinated a table-top exercise in Southeast Michigan to exercise response to a bioterrorism event.
- Planning a full-scale functional drill (June 2003) to exercise the State's plan for receipt and distribution for the Strategic National Stockpile (mass prophylaxis of pharmaceuticals to the general public) in the event of a public health emergency.

Focus Area B – Surveillance:

- Michigan Disease Surveillance System (MDSS) pilot project successfully completed.
- Contract for MDSS awarded to STC, estimated roll-out date to local health departments Oct 1, 2003.
- Established and staffed a Chemical Terrorism Unit.
Hired Surveillance Section Manager, MDSS Coordinator, 2 additional regional epidemiologists.
- Currently hiring 4 additional regional epidemiologists, Bioterrorism Surveillance Epidemiologist, Data Analyst, ICP, Physician and a Secretary.
- Offering Forensic Epidemiology training to public health and law enforcement officials throughout the state.
- Evaluating data available via novel syndromic surveillance systems such poison control centers, medical examiner database, nurse hotlines, and emergency departments.

- Provided training to more than 40 specialist physicians on adverse events to smallpox vaccination.
- Established a Peer Education program on bioterrorism in which physicians provide education on bioterrorism, including smallpox to other physicians around the state.

Focus Area C – Biological Laboratory:

Air handling upgrade in process for virology BSL-3 to fulfill biosafety requirements to test for *Variola* (Smallpox) sp., *Vaccinia* sp., and other poxvirus specimens.

- Security enhancements completed for access to BSL-3 units (electronic card readers) and for facility grounds access (card reader activated gate).
- Laboratory testing personnel, where appropriate, participated in the anthrax vaccination program and the smallpox vaccination program to assure their health and safety in handling patient samples, environmental specimens, and proficiency testing and control material.
- Processed a total of 2890 West Nile Virus specimens in 2002 with 565 positive cases. As of May 2003, an additional 77 specimens have been tested with no new positive cases.
- Current lab capacity includes testing for Anthrax, Arboviruses (West Nile and related viruses), Tularemia, Botulism, Plague, Brucellosis, Smallpox, Glanders, and Melioidosis.
- Continue to process “white powder specimens” as submitted – all negative.
- Development and expansion of the statewide specimen transport system to include both emergency and routine specimens of public health concern. This will increase the capacity of this system to provide rapid, secure transport and testing of critical specimens.
- Development and implementation of smallpox collection instructions and testing protocols and distribution of the collection kits and protocols to every hospital and Level A lab in the state.
- Medical, scientific, and general community presentations to increase awareness of critical agents of public health importance were made at numerous local, state, regional and national conferences and community gatherings by MDCH laboratory personnel.
- Development, distribution and implementation of SARS (Severe Acute Respiratory Syndrome) collection instructions and testing protocols.
- Development, implementation, and evaluation of an e-mail station program at select Level A labs throughout the state to improve communication between laboratories in Michigan where no internet connectivity had existed.
- Continued orderly enhancement of capacity to respond to public health emergencies by advanced training of regional laboratory staff and expanded test menu and instrumentation for the regional public health laboratory system according to the strategic plan developed by the state laboratory director.

Focus Area D – Chemical Laboratory:

- Key Chemical Terrorism Laboratory (CTL) staff attended training at the Centers for Disease Control and Prevention (CDC) for chemical terrorists agents such as nerve agent metabolite, sulfur mustard and cyanide in whole blood.
- As one of the five state laboratories nationwide designated as a member of the Chemical Terrorism Laboratory Network (CTLN), the laboratory participated in development of chemical agent procedures to assist the CDC. This included development of procedures for equipment, proficiency materials and methods optimization.
- Specialized laboratory equipment such as a mass spectrometer and a high performance liquid chromatography were required. This equipment facilitates efficient and rapid testing of chemical terrorist agents in individuals potentially exposed in a terrorist event.

Focus Area E – Health Alert Network/Communications and Information Technology:

- Implemented the Michigan Health Alert Network (MIHAN) role based, public health emergency notification system.
 - Will connect MDCH with 1800 health care partners including all local public health departments, hospitals, medical control authorities and state agency partners (MSP, MDEQ, MDA), district emergency management offices, tribal health centers, and other key response partners in a two-way, 24/7, public health emergency communications network.
- Completed a comprehensive assessment of the information technology (IT) capacity of each of Michigan's 45 local health departments.
- Provided \$250,000 in grants to upgrade the IT capacity of 13 local health departments identified as being the highest priority in the IT capacity assessment

Focus Area F – Risk Communications:

- Identified a PIO for each local health department and hospital participating in the regional smallpox planning initiative for addition to a model Emergency Notification System for all risk communications.
- Developed a weekly update on Office of Public Health Preparedness activities that is distributed to local public health departments, regional hospital and EMS, and key response partners.
- Partnering with the University of Michigan School of Public Health, Academic Center for Public Health Preparedness (ACPHP,) to develop a template crisis communication and training plan to train local health departments on crisis and risk communication.
- Maintain three public information hotlines; two are currently devoted to the State's smallpox initiative for providers and the general public, and one is reserved for general public access in the event of a public health emergency.

- Development of a crisis communication task force to assess communication needs, identify communication partners and devise ways to build on existing communication channels.

Assessed 2000 census data by county to determine language/translation needs of various segments of Michigan's diverse population to enhance crisis communication planning.

Focus Area G – Education & Training:

- CDC's Smallpox Preparedness: CDC Bioterrorism Update; Over 900 public health and hospital participants statewide; site and participant registration track and recorded by the Office of Public Health Preparedness (12/02).
- Smallpox and Bioterrorism Preparedness Conference; Offered by the Office of Public Health Preparedness; over 200 attendees from local, regional and state public health, hospital and pre-hospital (12/02).
- Emergency Preparedness in Public Health (Epidemiology 624); Offered as a 2-credit course that is now mandatory for all Preventative Medicine/Public Health Residents at the University of Michigan (fall 02).
- MI Smallpox Vaccination Clinic Training; live satellite broadcast cosponsored by the Office of Public Health Preparedness and Immunization and Communicable Disease Division; over 400 attendees from Public Health and hospitals (1/03).
- Bioterrorism Preparedness in Michigan; Presentation by Office of Public Health Preparedness at the Michigan Hospital Association Conference (2/03).
- Level B laboratory updates; Offered to level B laboratories throughout the state (11/02-4/03).
- Level A Regional Laboratory Update Training; Offered to Level A laboratories across the state (11/02-4/03).
- Foodborne Illness Response Strategy (F.I.R.S.T) Training; Provided to local public health department jurisdictions throughout Michigan (10/03 – 05/03).
- Bioterrorism & Emergency Preparedness: A State and Local Public Health Perspective; Cosponsored by the Academic Center for Public Health Preparedness and The Office of Public Health Preparedness; over 90 attendees from Public Health, hospitals, Emergency Management, and local government (3/03).
- Public Health Preparedness: Regional Initiatives and Strategic Planning; Regional Public Health Preparedness Hospital Advisory Committee Training sponsored by the Office of Public Health Preparedness for Region 8; attendees include hospital, pre-hospital and public health professionals (3/03).
- Preparedness Initiatives with the MI Tribal Health Centers; Presentation by the Office of Public Health Preparedness at MI Tribal Health Conference (4/03).

MDCH-Office of Public Health Preparedness**Semi-annual Progress Report Addressing: HB 4373 or Public Act 5630 of 2002L Sec 451****Reporting Period: October 1, 2002 to May 31, 2003****Page 5****CDC Budget by Focus Area (FA)**

	FA - A	FA - B	FA - C	FA - D	FA - E	FA - F	FA - G	TOTAL
Salaries	\$681,179	\$886,300	\$1,128,133	\$489,153	\$43,456	\$109,886	\$169,105	\$3,507,212
	\$256,350	\$334,270	\$467,163	\$174,139	\$16,513	\$41,757	\$64,260	\$1,354,452
	\$34,480	\$73,009	\$48,061	\$52,480	\$3,126	\$9,280	\$6,640	\$227,076
	\$52,449	\$317,800	\$152,255	\$86,754	\$12,675	\$116,700	\$15,508	\$754,141
		\$1,698,000	\$1,921,924	\$0	\$3,023,666	\$152,250	\$1,412,981	\$15,789,140
Equipment	\$210,000	\$112,500	\$211,824	\$827,446	\$0	\$0	\$0	\$1,361,770
Other Exp	\$392,794	\$93,076	\$357,952	\$107,400	\$347,924	\$12,500	\$708,900	\$2,020,546
Smallpox	\$0	\$500,000	\$0	\$0	\$466,450	\$1,019,946	\$553,828	\$2,540,224
Consultant	\$0	\$2,037,061	\$0	\$0	\$0	\$0	\$0	\$2,037,061
Indirect	\$90,114	\$117,577	\$149,241	\$66,974	\$5,649	\$14,285	\$21,984	\$465,824
TOTAL	\$9,297,685	\$6,169,593	\$4,436,553	\$1,804,346	\$3,919,459	\$1,476,604	\$2,953,206	\$30,057,446

HRSA: Hospital Preparedness:

- Each of the 8 Regional Medical Control Authorities (MCA's) successfully hired a full-time Regional Hospital Bioterrorism Coordinator and part-time Medical Director.
- Each of the 8 Regional MCA's set up a schedule and structure to meet the requirements for their Advisory Committee and Planning Board.
- Each of the 8 Regional MCA's established a schedule for the above committee and planning board to regularly meet.
- Ad hoc committee of the Medical Subcommittee developed framework for both the hospital and MCA Needs Assessment Tool.
- November 2002, each region identified co-medical directors to lead the Regional Smallpox Vaccination initiative.
- December 2002 processes initiated in identification of members to serve as Regional Public Health Response Team and Health Care Response Team Members.
- December 2002, each of the 181 Hospitals completed their Needs Assessment Resource Inventory Tool. These hospitals then submitted their reimbursement invoices to receive the \$5,000 grant.
- Regional representatives attended the Regional Planning Conference sponsored by MDCH.
- January 2003, MCA Needs Assessment Tool distributed to 65 MCA's and their subsequent 800 Life Support Agencies. These MCA's received their reimbursement for the \$5,000 grant.
- Each of the 8 Regional MCA's submitted a status report on the development of the Regional Medical Biodefense Network Plan.
- February 2003, the MCA Needs Assessment Tool is completed and in process of data compilation and status report to be available in May 2003.
- February 2003, initiation of Regional Smallpox Vaccination clinics.

MDCH-Office of Public Health Preparedness**Semi-annual Progress Report Addressing: HB 4373 or Public Act 5630 of 2002L Sec 451****Reporting Period: October 1, 2002 to May 31, 2003****Page 6**

- March 2003 Each of the 8 Regional MCA's submitted status report on the development of the Regional Medical Biodefense Network Plan.
- April 2003, establishment of the HRSA Ad-hoc work group for development of the 2004 Federal Grant.
- In addition, MDCH and MDCIS conduct 2 monthly meetings with the Regional Medical Directors and Bioterrorism Coordinators and the Bioterrorism Coordinator only.

HRSA Budget by Region

	Reg 1	Reg 2N	Reg 2S	Reg 3	Reg 5	Reg 6	Reg 7	Reg 8	Lansing	TOTAL
Salaries	\$48,000	\$66,020	\$45,000	\$76,260	\$77,625	\$81,000	\$0	\$36,400	\$156,023	\$586,328
Fringes	\$13,440	\$14,541	\$13,050	\$19,065	\$14,385	\$30,780	\$0	\$9,100	\$55,545	\$169,906
Travel	\$21,057	\$7,000	\$4,000	\$4,435	\$3,913	\$8,811	\$33,000	\$16,400	\$11,080	\$109,696
Supplies	\$6,800	\$11,800	\$10,700	\$20,717	\$11,930	\$15,260	\$2,250	\$18,800	\$16,083	\$114,340
Contractual	\$38,900	\$0	\$30,000	\$3,300	\$9,659	\$11,200	\$64,500	\$19,200	\$1,140,500	\$1,317,259
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Exp	\$206,803	\$231,611	\$228,147	\$195,271	\$217,488	\$187,949	\$225,250	\$235,100	\$20,542	\$1,748,161
Consultant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Indirect	\$0	\$4,028	\$4,103	\$15,952	\$0	\$0	\$10,000	\$0	\$20,439	\$54,522
TOTALS	\$335,000	\$335,000	\$335,000	\$335,000	\$335,000	\$335,000	\$335,000	\$335,000	\$1,420,212	\$4,100,212